



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2564048
Outpatient Patient Service Revenue	\$53649550
Total Gross Patient Service Revenue	\$56213598

2. Deductions From Revenue

Contractual Allowance	\$35609702
Other Deductions	\$0
Total Deductions	\$35609702

3. Total Operating Revenue

Net Patient Service Revenue	\$20603896
Other Operating Revenue	\$657407
Total Operating Revenue	\$21261303

4. Operating Expenses

Salaries and Wages	\$3652357.1	Employee Benefits	\$1025819.3
Depreciation and Amortization	\$902032.01	Interest Expense	\$238579.21
Bad Debt	\$2028960.6	Other Expenses	\$12304526
Total Operating Expenses	\$20152274.22		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1109029.0	Total Assets	\$12816129
Net Non-operating Gains over Loss	\$-14319.16	Total Liabilities	\$12458532

Total Net Gains	\$1094709.84
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23657840	\$14814666	\$8843174
Medicaid	\$15163783	\$12774237	\$2389546
Other Government	\$0	\$0	\$8535603
Other State	\$0	\$0	\$0
Other Payers	\$17391974	\$6621704	\$10770270
Total	\$56213596.3	\$34210606.7	\$22002989.6

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$6519	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$	\$48334	\$0

Number of Medical Professionals Trained	N/A
Number of Hospital Patients Educated	88
Number of Citizens Exposed to Health Education Messages	N/A

Statement Six: Charity Statement

Hospital Charity Charges	\$1399094
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$421486	
HCI Payments	\$0		
Subtotal	\$0	\$421486	\$-421486
Medicaid Shortfalls	\$2019954	\$5573264	
Subtotal	\$2019954	\$5994750	\$-3974796
DSH Payments	\$0		
Subtotal	\$2019954	\$5994750	\$-3974796
Medicare Shortfalls	\$8432123	\$7127072	
Other Government Programs	\$0	\$0	
Total	\$10452077	\$13121822	\$-2669745

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$25063	\$-25063
Community Assessment	\$0	\$32300	\$-32300
Provision of Taxes	\$0	\$1005079	\$-1005079
Other Allocations	\$0	\$0	\$0

Comments

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